	TANDARD T eneral Liability Clain	ORT CLAIM FO	ORM		For Official Use Only	
re	ellingham School Di quired by RCW 4.92	.92 RCW, this form is f strict. Some of the info .100 and may be subjec- not be submitted electro	ormation requested	on this form is		
P	LEASE TYPE OR	PRINT IN INK				
М	ail or deliver to:	Bellingham School District #501 Attention: Superintendent 1306 Dupont Street Bellingham, Washington 98225				
Bu Clo	isiness Hours: Mond osed on weekends ar	ay – Friday 8:00 a.m. – nd holidays.	5:00 p.m.			
1.	Claimant's name: _	Goodwin	Danielle	Н		
		Last name	First	Middle	Date of birth (mm/dd/yyyy)	
2.	Current residential	address:				
3.	Mailing address (if	iling address (if different): C/O Cedar Law PLLC 1001 Fourth Ave, Suite 4400 Seattle, WA 98154				
4.	Residential address at the time of the incident:(if different from current address)					
5.	Claimant's daytime telephone number:			Business or Cell		
6.	Claimant's e-mail a	ddress:C/O shannon@	ecedarlawpllc.com	1		
7.	Date of the inciden	mt: 09/16/2019 /mm/dd/yyyy)	Time: 9:00	¶AM □PM (check	one)	
8.	If the incident occur from(mm/dd/yyy	rred over a period of tir Time: y)	me, date of first ar □AM □PM thr	nd last occurrences: ough(mm/dd/yy	Time: DAM DPM	
9.	Location of inciden	t:Whatcom County,	WA Bellingh		Whatcom Middle School	
		State and county			Place where occurred	
10.	If the incident occu N/A	rred on a street or high	way:			
	Name of street or h	ighway	Milepost num	ber	Nearest intersecting street	

13. Names, addresses and telephone numbers of all employees having knowledge about this incident: See attached 14. Names, addresses and telephone numbers of all individuals not already identified in #12 and #13 above that have

knowledge regarding the liability issues involved in this incident, or knowledge of the Claimant's resulting damages.

11. State agency or department alleged responsible for damage/injury: Bellingham School District

12. Names, addresses and telephone numbers of all persons involved in or witness to this incident:

See atttached

Please include a brief description as sheets if necessary.	to the nature and extent of each person's knowledge. Attach additional
See attached	
15. Describe the cause of the injury or d injuries. Attach additional sheets if no See atttached	amages. Explain the extent of property loss or medical, physical or mental ecessary.
16. Has this incident been reported to law attach a copy of the report or contact	w enforcement, safety or security personnel? If so, when and to whom? Please t information. Bellingham Police Department, 17B-38028 Sex Crime
17. Names, addresses and phone number Theses will be provided at a later d	rs of treating medical providers. Attach copies of all medical reports/billings.
18. Please attach documents which suppo	ort the allegations of the claim.
9. I claim damages from the Bellingham	
This Claim form must be signed by the Cla he attorney in fact for the Claimant, by an or by a court-approved guardian or guardia	aimant, a person holding a written power of attorney from the Claimant, by a attorney admitted to practice in Washington State on the Claimant's behalf, an ad litem on behalf of the Claimant.
declare under penalty of perjury under th	te laws of the state of Washington that the foregoing is true and correct.
Signature of Claimant	Date and place (residential address, city and country)
signature of Representative	10/2/2019 1001 4th Ave, Ste. 4400 Seattle, Washington,
•	Date and place (residential address, city and country)
Shannon McMinimee rint Name of Representative	34471 Bar Nyophor (if angliada)
01 110p1cocitiative	Bar Number (if applicable)

12. and 13.	Danielle Goodwin, contact through counsel
	Lucas Goodwin, contact through counsel
	Rebecca Mallahen, BSD employee
	The students present in the BRIDGES Classroom on September 16, 2019
	The paraeducator assigned to serve Lucas Goodwin the RRIDGES Classroom Dathern
	oreg baker, bbb employee
	Steve Clark, BSD employee
	Jeff Coulter, BSD employee
	Tina Allsop, BSD employee
	Kristine Tice, BSD employee
	Bob Kuhel, BSD employee
	Nicole Talley, BSD employee
	Detective Keith Johnson, Bellingham Police Department, Police Department
	505 Grand Avenue, Bellingham, WA 98225, Phone: (360) 778-8800
	Lynette Basich, 601 Union St Ste 800, Seattle, WA 98101 Phone: (206) 622-0203 Besty Bede, contact information unknown
	besty bede, contact information unknown
14. and 15.	Lucas and I Goodwin were sexually assaulted by BSD employee I
	ised to position as Lucas' special education to all
	sed position as Lucas' special education teacher to groom Lucas and
	as well as Lucas and Lucas experienced unwanted sexual contact in the classroom and was subject to other conduct and behavior by I that
	was grooming him for sexual contact
	1 rocedures with respect to Goodwin family including its Sexual Harasament
	Trondiscrimination, and Maintaining Appropriate Staff/Student Down doctor Till Down
	though its administrative staff, initially discounted the reports of
	Then the DSD retained a school district detense afterney. I whothe Deireland to the
	appropriate training and expertise to investigate the allegations against
	of conducted an inadequate and insufficient investigation, failing to see the
	and believed that it was more probable than not that the allegations against
	were true.
	On Sonton 16 2010 x
	On September 16, 2019, Lucas was placed in a bathroom within his classroom to receive
	mo education, This was all outrageous action that was discriminated to the state of
	and I was dolle as retailation against Danielle and I was Court of
	tevnal abuse of I uses and
	Lucas's teacher expressly stated that she was requiring Lucas to be in the bathroom
	because of the prior reports of the sexual misconduct of I
	Danielle, Lucas, and la Goodwin have all experienced medical and emotional damages
	as a result of the actions and inactions of the BSD, its staff, and its contractor (Ms.
	Baisch).